COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 10/1/2014

to be filed with:

Office of the Attorney General
Charitable Trusts Unit

33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Foundation Medical Partners as part of Southern New Hampshire Health System

Street Address 8 Prospect Street

City Nashua

County 06 - Hillsborough State NH Zip Code 03060

Federal ID # -020456218

State Registration # 6282

Website Address: www.snhhs.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission? No IF YES, please attach the updated information.

Chief Executive:

Thomas Wilhelmsen, Jr. 6035772001

thomas.wilhelmsen@snhhs.org

Board Chair:

Timothy Sullilvan

6035772001

Tammy.smith@snhhs.org

Community Benefits

Plan Contact:

Irene Godin

6035777827

igodin@snhhs.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

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Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Southern New Hampshire Health System (SNHHS) is committed to improve, maintain and preserve the overall health and well-being of individuals living in the greater Nashua area by providing information, education and access to exceptional health and medical care services.

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area): SNHHS's service area consists of nineteen New Hampshire and four Massachusetts towns. The service area is divided into a Primary Service Area (PSA) of twelve New Hampshire towns (Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Merrimack, Milford, Mont Vernon, Nashua, Pelham and Wilton), a Secondary Service Area (SSA) of seven New Hampshire towns (Derry, Greenville, Londonderry, New Boston, New Ipswich, Salem and Windham) and a Massachusetts Service Area (MSA) of four neighboring Massachusetts towns (Dunstable, Pepperell, Townsend and Tyngsboro).

SNHHS's PSA and SSA include all towns, which are designated as being part of the greater Nashua region by the New Hampshire Office of State Planning, the New Hampshire Department of Health and Human Services, and the Nashua Regional Planning Commission. The MSA towns were designated because of patient volume from those towns to Southern New Hampshire Medical Center.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Serves the General Population

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2012 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from
	attached list of community needs)
1	420
2	100
3	122
4	300
5	360
6	400
7	528
8	520
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
Α	603
В	604
С	600
D .	503
Е	999
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary*: Board Involvement in Advocacy and Health Related Groups, Healthcare Education, Institutional Review Board and Nashua Cancer Center Board, Community Benefits Operation, etc..

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education		\$0.00	\$0.00
Community-based Clinical Services		\$0.00	\$0.00
Health Care Support Services		\$0.00	f.,
Other:		\$0.00	

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)	
Provision of Clinical Settings for Undergraduate Training	2 C	\$335,407.00	\$335,000.00	
Intern/Residency Education		\$0.00		
Scholarships/Funding for Health Professions Ed.		. \$0.00	\$0.00	
Other:		\$0.00	\$0.00	

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected) \$0.00	
Type of Service:		\$0.00		
Type of Service:				
Type of Service:				
Type of Service:				
Type of Service:			·	

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research		\$0.00	\$0.00
Community Health Research		\$0.00	\$0.00
Other:		\$0.00	\$0.00

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations		\$0.00	\$0.00
Grants		\$0.00	\$0.00
In-Kind Assistance	C	\$8,031.00	\$8,000.00
Resource Development Assistance		\$0.00	\$0.00

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)	
Physical Infrastructure Improvement		\$0.00	\$0.00	
Economic Development		\$0.00	\$0.00	
Support Systems Enhancement		\$0.00	\$0.00	
Environmental Improvements		\$0.00	\$0.00	
Leadership Development; Training for Community Members		\$0.00	\$0.00	
Coalition Building		\$0.00	\$0.00	
Community Health Advocacy		\$0.00	\$0.00	

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)	
Dedicated Staff Costs	Other	\$0.00	\$0.00	
Community Needs/Asset Assessment		\$0.00	\$0.00	
Other Operations		\$0.00	\$0.00	

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	D 2	\$833,857.00	\$833,000.00

I. Government-Sponsored Health Care		Community Need Addressed		Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement	A	2		\$11,341,073.00	\$11,300,000.00
Medicaid Costs exceeding reimbursement	D	2		\$4,618,238.00	\$4,600,000.00
Other Publicly-funded health care costs exceeding reimbursement				\$0.00	\$0.00

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Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	\$97,654,740.00
Net Revenue from Patient Services	\$87,305,052.00
Total Operating Expenses	\$117,932,156.00
Net Medicare Revenue	\$21,353,466.00
Medicare Costs	\$32,694,539.00
Net Medicaid Revenue	\$1,495,971.00
Medicaid Costs	\$6,114,209.00
Unreimbursed Charity Care Expenses	\$833,857.00
Unreimbursed Expenses of Other Community Benefits	\$343,438.00
Total Unreimbursed Community Benefit Expenses	\$17,136,607.00
Leveraged Revenue for Community Benefit Activities	\$0.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	\$17,136,607.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Jean Adie, Southern NH HIV/AIDS Task Force	\boxtimes	\boxtimes		
2) Carole Boutin, Nashua Community College	\boxtimes			
3) Eileen Brady, Nashua Soup Kitchen		\boxtimes		
4) Melissa Bugeau, Big Brothers Big Sisters of Greater Nashua & Greater Salem				
5) Nick Caggiano, City of Nashua Parks & Recreation		\boxtimes		
6) Kathleen Cowette, St. Joseph Hospital		\boxtimes		
7) Amy Cullum, Community Health Institute				
8) Sharon Dalton, Adult learning Center	\boxtimes	\boxtimes		
9) Sarah Dezainde, Gateways Community Services		X		
10) Carol Dillon, Nashua School District	X X X	X X X		
11) Mariellen Durso, Lampry Healthcare - Nashua Center	\boxtimes			
12) Carole Farmer, Greater Nashua Mental Health Center at Community Council		\boxtimes		
13) Micahel Flaherty, Greater Nashua Mental Health Center at Community Council		\boxtimes		
14) Kathi Fortin, Harbor Care Clinic, program of Harbor Homes, Inc.		\boxtimes		
15) Rolf Goodwin, United Way of Greater Manchester	\boxtimes	\boxtimes		
16) Vivien Green, Nashua Senior Activity Center				
17) Katherine Hersh, City of Nashua Community Development		\boxtimes		
18) Tracey Jackson, Boys and Girls Club of Greater Nashua				
19) Suzanne Keller, Southern NH Medical Center		X		
20) Mike LaChance, YMCA				
21) Patti Laliberte, Dartmouth Hitchcock		\boxtimes		
22) Shaun Nelson, Nashua Police Athletic League		\boxtimes		
23) Ray Peterson, United Way of Greater Nashua		\boxtimes		
24) Betsey Portash, Nashua Pastoral Care Center		\boxtimes		
25) SNHHS Staff				$\overline{\boxtimes}$

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The information contained in this response was obtained from the 2012 Southern New Hampshire Health System Community Health Assessment available at www.SNHHS.org.

The individuals listed above were members of the City of Nashua Community Health Assesment Advisory board. Additional members not listed include: Lucy Saia - Home Health and Hospice, Beth Todgham - Southern NH Services, Dee Twomey - Greater Nashua Dental Connection, Peter White - Colby-Sawyer College, Paula Williams - Rivier College, and Kerran Vigroux - City of Nashua Division of Public Health and Community Services.

Assesment teams approached 833 households in Nashua and completed 207 surveys. Respondents to the Nashua Community Health Survey identified issues considered to be major problems in their community and for families. There were also two focus groups whose members included 16 key leaders and 18 Medical Partners. The focus groups both identified three major concerns involving obesity, access to care, and mental health. Some of the other needs identified were prostate & cancer screenings, high cholesterol & blood pressure, vaccinations, diabetes, lead poisoning, asthma, lyme disease, tobacco use & substance abuse, STD's and ambualtory care sensitive conditions in children. Other sources used in the preparation of the 2011 Creating a Healthier Community: City of Nashua Community Health Assessment include Emergency Department and Inpatient Hospitalizations Database, New Hampshire Behavioral Risk Factor Surveillance System, New Hampshire Youth Risk Behavioral System, New Hampshire Environmental Public Health Tracking Program/Environmental Health Data Integration Network, and limited data from the U.S. Census Bureau.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	\boxtimes		
Written charity care policy available to the public	\boxtimes		9
Any individual can apply for charity care	\boxtimes		ny E
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	\boxtimes		
Notices of policy in lobbies			
Notice of policy in waiting rooms	\boxtimes		
Notice of policy in other public areas	\boxtimes		
Notice given to recipients who are served in their home			i 🔀

List of Potential Community Needs for Use on Section 3

- 100 Access to Care; General
- 101 Access to Care; Financial Barriers
- 102 Access to Care; Geographic Barriers
- 103 Access to Care; Language/Cultural Barriers to Care
- 120 Availability of Primary Care
- 121 Availability of Dental/Oral Health Care
- 122 Availability of Behavioral Health Care
- 123 Availability of Other Medical Specialties
- 124 Availability of Home Health Care
- 125 Availability of Long Term Care or Assisted Living
- 126 Availability of Physical/Occupational Therapy
- 127 Availability of Other Health Professionals/Services
- 128 Availability of Prescription Medications
- 200 Maternal & Child Health; General
- 201 Perinatal Care Access
- 202 Infant Mortality
- 203 Teen Pregnancy
- 204 Access/Availability of Family Planning Services
- 206 Infant & Child Nutrition
- 220 School Health Services
- 300 Chronic Disease Prevention and Care; General
- 301 Breast Cancer
- 302 Cervical Cancer
- 303 Colorectal Cancer
- 304 Lung Cancer
- 305 Prostate Cancer
- 319 Other Cancer
- 320 Hypertension/HBP
- 321 Coronary Heart Disease
- 322 Cerebrovascular Disease/Stroke
- 330 Diabetes
- 340 Asthma
- 341 Chronic Obstructive Pulmonary Disease
- 350 Access/Availability of Chronic Disease Screening Services
- 360 Infectious Disease Prevention and Care; General
- 361 Immunization Rates
- 362 STDs/HIV
- 363 Influenza/Pneumonia
- 364 Food borne disease
- 365 Vector borne disease

- 370 Mental Health/Psychiatric Disorders Prevention and Care; General
- 371 Suicide Prevention
- 372 Child and adolescent mental health
- 372 Alzheimer's/Dementia
- 373 Depression
- 374 Serious Mental Illness
- 400 Substance Use; Lifestyle Issues
- 401 Youth Alcohol Use
- 402 Adult Alcohol Use
- 403 Youth Drug Use
- 404 Adult Drug Use
- 405 Youth Tobacco Use
- 406 Adult Tobacco Use
- 407 Access/Availability of Alcohol/Drug Treatment
- 420 Obesity
- 421 Physical Activity
- 422 Nutrition Education
- 430 Family/Parent Support Services
- 500 Socioeconomic Issues; General
- 501 Aging Population
- 502 Immigrants/Refugees
- 503 Poverty
- 504 Unemployment
- 505 Homelessness
- 506 Economic Development
- 507 Educational Attainment
- 508 High School Completion
- 509 Housing Adequacy
- 520 Community Safety & Injury; General
- 521 Availability of Emergency Medical Services
- 522 Local Emergency Readiness & Response
- 523 Motor Vehicle-related Injury/Mortality
- 524 Driving Under Influence
- 525 Vandalism/Crime
- 526 Domestic Abuse
- 527 Child Abuse/Neglect
- 528 Lead Poisoning
- 529 Work-related injury
- 530 Fall Injuries
- 531 Brain Injury
- 532 Other Unintentional Injury

- 533 Air Quality
- 534 Water Quality
- 600 Community Supports; General
- 601 Transportation Services
- 602 Information & Referral Services
- 603 Senior Services
- 604 Prescription Assistance
- 605 Medical Interpretation
- 606 Services for Physical & Developmental Disabilities
- 607 Housing Assistance
- 608 Fuel Assistance
- 609 Food Assistance
- 610 Child Care Assistance
- 611 Respite Care

999 - Other Community Need